

WIC Futures Study Group (WFSG) Spring Face to Face Meeting

Wednesday, April 1, 2015

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Introduction

The goal of the WFSG is to develop a statewide delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The meeting was held on Wednesday, April 1, 2015. The following is a report of the meeting activities.

Participants included:

Mary Beth Frideres	OurHeadsTogether, LLC	Julian Shields	Fort Peck
Kate Girard	DPHHS/WIC Director	Lora Weir	Teton County HD
Leah Steinle	DPHHS/WIC	Shawn Hinz	RiverStone Health
Corrine Kyler	DPHHS/WIC	Drenda Nieman (o)	Lewis and Clark County HD
Bernadette Lahr	DPHHS/WIC	Tamalee St. James (o)	Riverstone HD
Chris Fogelman	DPHHS/WIC	Gayle Espeseth (o)	Riverstone HD
Dick Michaelis	DPHHS/WIC	Jill Steele (o)	Gallatin County HD
Glade Roos	DPHHS/WIC	Kate Devino (o)	Missoula City-County HD
Kevin Moore	DPHHS/WIC	Linda Best (o)	Deer Lodge/Beaverhead County WIC
Lesa Evers	DPHHS Tribal Liason	Katherine Basirico (o)	Deer Lodge/Beaverhead County WIC
Michelle Sanchez	DPHHS/WIC	Darcy Hunter (o)	Gallatin HD
Blaire Hendricks	DPHHS/WIC	Michael Fox (o)	Intern, MSU, Bozeman
Todd Harwell	DPHHS/PHSD		
Bill Hodges	Big Horn County HD		
Joe Russell	Flathead HD		
Gillian Brown	HRDC, Lewistown		
Roberta Harris	Northern Cheyenne		

(o) = observer

The meeting was facilitated by Mary Beth Frideres of OurHeadsTogether, LLC.

Opening Comments

Opening comments were made by Kate Girard, DPHHS WIC Director. Kate welcomed everyone to the meeting and thanked them for participating. After introductions, Mary Beth reviewed the agenda with the group.

History of the WFSG

Because there were several new WFSG members and observers, veteran group members provided a historical perspective of the beginning of the study group, issues that the group resolved, and what brought us to this point in time.

WIC Program Updates

Kate reviewed state staffing and noted that there are still two vacancies – Nutrition Coordinator (her old job) and IT Lead (Mark Walker's job).

The state WIC program is working on the curriculum for "New Employee Training" as there is a lot of turnover in clinic staff. Although the state staff tried to fill training help requests, they do not have the capacity to respond to an increasing number of requests for one-on-one training. Kate thanked the representatives from local agencies who made recommendations for the curriculum. WIC policies and SPIRIT will be on the agenda for the two trainings that will be held in June (June 2-4 and June 17-19). Several people have already signed up. Kate told the group that the training is also open to established clinic staff who wish to attend.

The WIC Conference will be held next week. Two conferences have been consolidated into one for this year as this fall will be very busy with EBT and the Federal audit of the WIC Program. Kate told the group that she would like to look at this next year and discuss whether to have one or two conferences/year going forward.

Breast Feeding Collaborative will be held in July. This training is co-sponsored by WIC and NAPA (Nutrition and Physical Activity Program). The training last year was limited to the WIC Peer Counselor staff and the Baby Friendly Hospital Initiative clinical staff. This year we are opening the registration for anyone interested to attend. WIC staff who are peer counselors or their supervisor's may attend for free (including travel covered by the state). Other WIC staff may attend with no registration fee but will need to pay travel. This is a very good training and will be a good way to earn breast feeding credits (CLC or IBCLC).

Soy Formula Issue – Mead Johnson is not interested in providing soy formula for WIC anymore, so the state must seek another provider, the bid is going out through WSCA (consortium) and we should know in the next few months who the new contractor will be.

Kate, Leah, and Blair sit on the SPIRIT User Group which is a consortium of 20 agencies that use SPIRIT software. That software is over 10 years old and it has become difficult to make needed changes through the "enhancement" process. The architecture of SPIRIT must be upgraded so that the program works better. While that is being done, other enhancements will be placed on the "back burner" for a while. Although the state still wants to hear from locals about problems they are encountering, an effective response from the User Group may be more difficult for a while.

The Federal WIC Audit will be held in August 2015. Auditors will be at the state office and Riverstone and Lewis and Clark WIC programs will represent local agencies and have auditors looking at their programs, as well.

Leah told the group about progress toward Electronic Benefit Transfer (EBT), a card for WIC benefits. The state has chosen a vendor and they are in the process of developing a "statement of work." The plan is to have the kickoff meeting for EBT one month after receiving a signed contract and the start of implementation of EBT to take place July 1, 2015. State staff is also in the process of collecting UPC codes for all food allowed in the WIC program.

The state staff is developing an online vendor (cashier) training program which can be upgraded in house and will be accessible to all new cashiers.

New Food List – Quarts of yogurt (plain and vanilla only), white potatoes (including frozen potatoes, but not frozen fried potatoes), whole wheat pasta, and infant fresh fruits and vegetables will be added to the WIC Food List. The changes will take place July 1, 2015.

Statewide Ad Campaign – WIC ads are currently appearing on Facebook and Pandora online radio to target the 18-35 year old demographic. Leah showed the group the new ads and played the radio commercial later in the meeting.

Darcy Hunter suggested a phone app for MSU participants. WIC staff told Darcy this was a possibility with EBT implementation and there are several companies offering this service. The challenge is that they are specific to the state, as each state will have a unique UPC list. When available, it will allow phones to scan bar codes of food allowed by WIC.

WIC Funding Formula

Kate and Corrine presented the spreadsheet for the WIC Funding Formula. Here is a summary of their comments:

- \$70,000 of travel money will be added to the total of funds to be distributed to locals. Reimbursing locals for expenditures has become very labor intensive. The \$70,000 was determined from a historical review of what has been spent on travel in the past. The state would like to add travel money to each contract and allow the local program to manage the funds. The state would tell the locals what it could be spent on. Right now, travel to the state conference, trainings, and the public health conference, are some ideas. The \$70,000 did not appear in a separate column on the spreadsheet but was included in the individual local agency allocation. Local programs would have to put the travel money into a line item.
- Corrine said that they decided to set the budget at \$3.4M, even though they do not know what the Federal budget is yet and caseload maintenance (OA) projection has been added in the same amount as last year (\$500,000).
- The LARC contribution and amount for maintenance of equipment is the same as last year (\$50 per vendor).
- Computer ownership – some clinics have transitioned off of the state system and onto their local network for support. Costs associated with that process have been reimbursed but Kate asked that each clinic think carefully before they decide they want to do that. The ongoing costs associated with upgrading, replacing, and technical support may be too much for their budget. In addition, it may not make sense for all clinics. If your clinic handles multiple state programs (such as home visiting and immunizations) going off the state network just for WIC may not make sense.
- The Peer Counselling program has its own budget and is not in the spreadsheet. It is evidence-based and makes a difference in breastfeeding rates. Ten local agencies have a peer counsellor program. The state would put more money into that budget if clinics are interested in expanding the peer counselling program through additional hours or serving areas of the state not served now.
- Farmer's Market has its own budget, as well.
- New Employee Training – locals would have to pay their travel to the training, but the expertise is free.
- The state is in the process of putting a statewide system for appointment reminders in place. Through software, each clinic's clients will receive texts, emails, or voicemails reminding them of their upcoming WIC appointment.
- The state will be improving training for cashiers.
- EBT implementation has its own budget.
- Annual outreach campaign will push EBT.
- The state program does not yet know if Federal sequestration will impact WIC.

WFSG members and observers had the following questions/comments:

1. Q – How will travel be paid for WFSG members?
A – Travel for WFSG members will not be paid out of the travel allocation to your budget. The state will pay that.
1. Darcy said that it is a good idea to have the state program make the reminder calls. She said theirs is set up to call two days before the appointment so that rescheduling can be handled effectively. Their system also sends out a reminder for families that have missed their appointment.
2. Q – Are any tribes doing Peer Counseling?
A – Although the Salish Kootenai reservation is served by the Missoula program, no tribes are taking part in setting up Peer Counselling at this time. The program is not intended to be staffed by

health professionals. The program is designed for moms to talk to moms about tips and tricks that can help breastfeeding. Email, Facebook, and texting is also used. Ideally, the peer counselor would be as similar to the women they serve as possible (cultural, demographic, socioeconomic) and it would be best if tribes could have local members be peer counselors. The only thing to consider is that funding is based on pregnant and breastfeeding participants in the area served, this amount of money may not be enough to hire a staff person if the population is small. The state staff are happy to discuss individual circumstances, though.

3. Jill told the group that they had surveyed immunization clinic participants and only 13% wanted an email. Their first choice was a phone call, second choice was a text, and third choice was an email.
4. Kate said there have been issues with phone notification, mostly with “pay as you go” phones.
6. Corrine noted that the allocation has been reduced because of the decrease in participation rates which have gone down every month since October 2014. As this is a nation-wide trend, some people have speculated that this may have something to do with SNAP.
7. Linda told the group that although the flat fee for lead agency participation is a good idea, it has not been increased even though costs have increased.
8. Q – How are the lead agencies determined?
A – Those agencies have several clinic sites that serve a larger area. Some serve additional counties. A few years ago, the state wanted to have fewer contracts so some programs added areas to serve.
9. Roberta asked about money that was requested to be returned as unspent. Corrine said there was over \$87,000 of carryover in FY2014. Some of that was due to decreased participation and personnel vacancies. She explained that the state cannot carry over more than 3.5%. Anything over that could be lost and the state can be financially penalized for large amounts of carryover. If the money can be used for equipment, it can be held for a while. Kate said it would be best if local agencies know they will have unspent funds, to tell the state early so that plans can be made for it to be used by other local agencies. Federal reallocation funds can come later in the year. In that case, the state has to figure out how much to take because it needs to be spent.
10. Joe Russell suggested a “frontier factor” be added for those who have to travel long distances to conferences or training.
11. Darcy told the group that managers frequently accompany new staff to training.
12. Q – Why does the cost per client vary?
A – Corrine said it is due to the participation rate and the larger the agency, the smaller the cost per client due to improved efficiencies.
13. Linda noted that the state cost allocation rate has “creeped back up again.” Corrine explained that WIC is unable to budget for IT as the state has taken that over and it is now cost allocated. There is also a new position in the Director’s office and another position in their division that is paid through cost allocation. Linda said that money comes from services to women and children. She reminded the group that WIC money benefits the economy of local communities. Corrine said she had spoken to the cost allocation manager about computers that have come off of the state system and on to county systems. “You shouldn’t be charged for that,” the person said. Those talks are ongoing. WIC will continue to have conversations with IT and ensure they are not being charged for computers, email accounts, etc. that are off the state network. However, the state WIC staff have no control over the amount of “indirects” charged. There is no federal limit on what can be charged and therefore we cannot enforce a limit at the state level.

Decision summary: There was a bit of confusion about the travel money such as what the state will pay for and what would have to come out of the local agency budgets. Some wanted to see it noted in a separate column. Some wanted the state to keep reimbursing the money and not give it out in contracts for a year. Some wanted the state to keep some travel money set aside and then allocate the rest. Several proposals were developed about the travel allocation and Corrine showed the group in a new spreadsheet how keeping it at the state would impact the allocation to local agencies. In the end, it was decided that Corrine and Kate will work on three options for travel funds (allocate all of the \$70,000, hold a percentage back, or continue to reimburse) that reflected the feedback from the group and they will clarify what the state program will cover from its budget for each option. The

spreadsheets will be shared before a conference call in the next two weeks with the WFSG members. The decision on how to proceed will be made at that time. In the meantime, Kate told the group that it is important to submit correct forms for reimbursement right away. There is a need for training on what can be reimbursed and how to fill out the forms correctly. The group also agreed that the person who manages the cost allocation for the state should be invited to speak and answer questions at the next WFSG face to face meeting. If sequestration impacts the state WIC funds, Kate will schedule a meeting with the WFSG to discuss the budget.

WIC State Plan Update

Kate introduced the update of the state plan. The state team has been reviewing what is required to be in the plan to meet the regulations. Bernadette presented more information in a PowerPoint (posted on the WFSG website with this report). Bernadette said the plan must be updated every year and they hope the Feds will allow them to keep the format that they have developed. The review starts in January and the plan must be submitted by summer. They review every policy and update each, as needed. Some of the update this year will include: EBT, the changes in the food package, need for a “separation of duties” policy, clarification of tribal eligibility, clarification of the end of certification notice vs. a notice of ineligibility, clarification of how WIC funds can be spent, integrity issues, clarification of time study requirements and self-monitoring, clarification of what should happen when a WIC clinic site closes or moves, and an explanation of how all policies will be enforced.

Julian asked about tribal eligibility. Kate said that the policy has been in place for a long time and states that tribal members (or if there is a member in the household) automatically qualify if they live on the reservation. The intent of the policy has been to serve members of the tribe they are being served at (so Crow members living on the reservation could be eligible at the Crow clinic without proving income). It was not clear in the policy that the reservation could only allow this for the members of that tribe, and therefore it was wrongly assumed any tribal member could be served at any tribal WIC clinic. Last year FNS clarified that the state also needed to send census data annually which showed that >50% of the tribal reservation population lived below poverty level and this would be reviewed every year to determine if this exemption would be granted. The state hopes that can stay in place. Kate reminded the group that if anyone in the household is an enrolled member of the tribe, anyone in the household can qualify for WIC on that reservation. This is important for tribal outreach as many people do not know about this. The participant would still need proof of residency, ID, and to self-declare their income. If they self-declare that they make more than 185% poverty level, they would need to prove financial eligibility with other documentation (such as Medicaid, TANF, SNAP or pay stubs).

CPA qualifications – Chris gave a PowerPoint presentation on this topic (see presentation along with this report on the WFSG website). She went through all of the Federal requirements (MD, RD, PA, NP, RN or a BS/BA in Nutrition or Home Economics with a nutrition emphasis) or “other medically trained professional.” To maintain a quality program, the state requires that “other medically trained professionals” have a background in nutrition and anatomy/physiology class work. The state does not offer a training program for CPAs as they do not have the resources to do so. There is requirement that all CPAs have the necessary nutrition and anatomy and physiology coursework. If someone meets the federal criteria (i.e. an RN) but does not have all needed coursework, the state may grant an exemption to allow the person to work for one year while obtaining that education. LPNs, and others with non-approved degrees, do not meet the exemption but need to have college course credits in nutrition and anatomy/physiology prior to starting work as a CPA. The state staff can review college transcripts to see if they meet the requirements. They look for Basic Nutrition, Nutrition through the Life Cycle, and Community Nutrition. Online nutrition courses offered by the University of Santa Fe meet the requirements. They are working with the state WIC staff to get people into the courses even if the class is full.

Bill Hodges would like to see further easing of these requirements. Joe Russell said that not having a baccalaureate preparation does not work with their collective bargaining agreement.

Kate told the group that other states only hire Nutritionists; some states have colleges that put out many Nutritionists and this is not an issue. Colorado and California will allow non-degree professionals who are state trained as “certifiers” but a RD must be on staff at the clinic as the CPAs only handle low risk clients.

Kate said there must be a balance between the difficulty in recruiting and the need to have integrity and quality in the program. Joe asked where Montana is in regard to salaries and Kate said that Montana is better than some states. Drenda asked about the relationship between dietetic interns and the state WIC program. Kate said they had a good relationship with the MSU program. Drenda told the group that hosting an intern is a good way to recruit. MSU is the only dietetic program in the state and many do leave after graduation.

Performance Management – Health Stat/Outcome Data

Kate reviewed the internal WIC program Strategic Plan (see PowerPoint presentations posted with this report on WFSG website). The 2015 Strategic Plan included defining Customers and Stakeholders and their needs, wants, expectations, and requirements; a SWOT Analysis; the Mission, Vision, and Organizational Vision of the WIC Program; Guiding Principles; and Key Future Focus Areas.

Kate presented key data from their HealthStat system. The WFSG and the state WIC team have been working on identifying and collecting data for two years. Everyone wants meaningful data. The state WIC team includes the efforts of epidemiologists whose expertise they can utilize. Metrics and results were presented for these sections: Nutrition, Local Administration, and Vendors. Some health outcomes: there has been an increase in breastfeeding as a result of Breast Feeding Peer Counseling efforts; smoking during pregnancy/postpartum has gone up; and breastfeeding appears to decrease the risk of obesity in children. For details and charts and graphs demonstrating the data, please see the PowerPoint presentations posted with this report on the WFSG website. Several participants and observers would like to see the data compared to data on the Medicaid population.

Outreach and Participation Update

Bernadette reviewed the statistics on participation. In 2008, there were 21,088 participants, compared to 19,224 in 2014. This decrease is mirrored nationally. The largest decrease, however, took place between October 2014 (19036) and February 2015 (18242). Kate said some decrease may be due to the difference in value between SNAP and WIC. In response, the state program has implemented or will implement the following plan:

- Statewide media campaign
- Retailer training/outreach
- Focus on outreach plans (will be written and submitted)
- Utilities report have been created (who has dropped off)
- Tip of the month in the newsletter
- Collaboration with other programs such as immunizations and home visiting

Actions from local agencies that can help:

- Articles
- Posters/flyers
- Collaboration with SNAP, Medicaid, TANF, physicians, home visiting program staff
- Appointment reminders
- Flex schedules such as afterhours clinics and some weekend clinic hours
- Incentives for participation
- Asking: “What got you to the clinic today?”
- Making room in the schedule for more appointments
- Make sure you are giving out 3 months of vouchers
- Use distance learning
- Clinics well-staffed

In the future, the state team plans to implement state wide texting, more coordination with the Food Security Council, EBT, improved food package, and links from Medicaid/SNAP/TANF websites to WIC. Some of these

ideas came from a client survey to find out why the clients dropped off of WIC. Todd Harwell said he would work on the linkages with Medicaid and try to get direct outreach to Medicaid clients who are eligible for WIC.

Darcy told the group that direct mailings did not work and her staff ended up fielding lots of angry calls. A WIC brochure at physician offices works better, she said.

Kate said that representatives from the Food Security Council and MSU Dietetic interns have been invited to the state WIC Conference. At that conference, the participation data and state and local data will be shared. They will lead a brainstorming session on ideas for increasing participation.

Overall, Kate is worried about decreased participation impacting the state program budget in a negative way. The goal is to reach more potentially eligible people. Kate asked the group for ideas. One person thought geo-mapping of the potentially eligible for targeting outreach might be helpful.

Agency Monitoring Status

Bernadette used a PowerPoint to review the results of agency monitoring. (See PowerPoint presentations posted with this report on the WFSG website.) Monitoring is required every two years. Bernadette outlined the changes in the process for the group. 14 clinics have been monitored in 2014-2015 season. Local agency scores (de-identified) were shared with the group. The details of what is reviewed in the Administrative Finding Review, Nutrition Findings Review and what is to be observed onsite are included in the PowerPoint. Overall, agencies did better this year, the state has received positive feedback on the process, and it was noted that internal self-review can be used for quality improvement.

Meeting Preferences

Kate asked for feedback from the group on how often they would like to meet and whether they would like to meet face to face or with conference calls. There was a lot of discussion. The group decided for this year to meet twice – this meeting and one in the fall and two times over WebEx if there is a need in between. The state team will look at other conferences and try to schedule the face to face meeting in conjunction with another training or conference in the fall.

Next, the group discussed the two current vacancies (Danielle Golie from Hill and Linda Best from Deerlodge) and one future vacancy (Lora Weir from Teton) on the WFSG. There is a need for frontier representative and a representatives from the AMPHO small caucus. Joe Russell offered to speak to Erin McGowen - Fincham, the director of AMPHO, regarding the vacancies and ask her to identify people who can represent the groups on the WFSG.

Evaluation

Mary Beth asked the WFSG members, state staff, and the observers to identify what they liked about the meeting and what could be changed to improve the meetings in the future. In regard to what was liked, several participants noted that there was good discussion and many people involved. Some learned new things. Several said it was wonderful to have Native American representatives as members of the group. One person liked the meeting format and how much was covered. They also felt included and one person said the meeting was “Well worth the drive.” One person said they like to be around “like-minded people.” Two said the food was very good. One said it was good to see all of the new faces. One person said they “got what they wanted.” One person appreciated the history of the group that was offered. Another learned about resources that are available. Two people told the group it was important to make sure MAWA is involved. One person said they appreciated the data that was collected and presented and several other people concurred. Several people appreciated all of the hard work the state program staff has been doing.

As to what could be improved, one person mentioned the fan noise in the room and two people said the room environment was too cold. One person wished there was more funding in the formula. One person suggested that the meeting be held in the DPHHS conference rooms or another Capitol location. One person mentioned that the Sanders building conference rooms are nice. One person noted and others agreed that it would have been better to have the funding formula spreadsheet ahead of time.